

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. <b>21cr 16</b></p> <p>1. Article Addressed to:            ABX AIR, INC.            SERVE: THE PRENTICE-HALL CORPORATION SYSTEM, INC.            50 WEST BROAD STREET, SUITE 1330            COLUMBUS, OH 43215</p> <p>2. Article Number (Transfer from service label)  <b>7014 0150 0001 6645 9151</b></p>		<p>A. Signature  <b>X</b> <b>Corporation Service Company</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>JAN 21 2021</b> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No  <b>Deanne E. Schausell</b>  <b>LR 4.2 Agent</b></p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt


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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Robert Schmidt</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>LARRY SCHMIDT</i></p> <p>C. Date of Delivery  <i>1-21-2021</i></p>
<p>1. Article Addressed to: <i>21 CV 16</i>          FISHER AUTO PARTS CO.          SERVE: ROBERT SCHMIDT          1163 ROSEDALE AVENUE          BUCYRUS, OH 44820</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No  <i>LR 4.2</i></p>
 9590 9402 4898 9032 8858 00	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)          7014 0150 0001 6645 9281</p>	
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